REQUEST TO EXCESS ADP EQUIPMENT								PAGE	OF		PAGES	
1. IT MANAGER SIGNATURE (Optional)					EPOR PI NO	T NUMBER . JULIAN DATE . (YDDD)	REQUEST NO.	3. S&S J	OB TICKET	ΓNU	MBER	
4. ORGANIZATION ACCOUNTABLE FOR EQUIPMENT												
5. CONTACT FOR FURTHER INFORMATION									c. COMMERCIAL TELEPHONE			
a. NAME					b. DSN TELEPHONE NUMBER			NO. (Include area code)				
6. PHYSICAL LOC	ATIC	ON OF	EQUIPMENT			_		() —	-		
a. ADDRESS (Roo	m No	o., Buil	ding, Street, City, State, Zl	P Cod	b. POINT OF CONTACT (If from above)		CT (If different	c. TELEPHONE NO. (If different from above) () —				
7. EQUIPMENT TO	O BE	EXCES	SSED									
		СОМР	ITEM	MFR		MODEL		SERIAL	cc	NDI-	PRICE	
NO.		CODE	DESCRIPTION	CODE		NO.		NO.		ION ODE		
a.	b.	C.	d.	e.		f.		g.		h.	i.	
O EQUIDMENT D		een b			OHIDA	AENT DECEMEN DV		L10 DATE	DECEIVE			
8. EQUIPMENT RELEASED BY					9. EQUIPMENT RECEIVED BY				10. DATE RECEIVED (MMDDYYYY)			